Name in Full

George A Baldwin

Certificate of Death

Died at Town: Aberdeen County: Harford MARYLAND

Date 1904 Month: 3 Day: 8 | Age Y. M. D. | Native of Md | Occupation Painter &c

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband / Wife of Sarah C Baldwin

Father's Name

Mother's Name

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Wm. Bay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whiteford — County: Harford

Date of death 1904: Month: Mar — Day: 17 — Age: Years: 82 — Months: 11 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: H. T Bay — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Paralysis — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Dawson Ramsay

Address: Delta. Pa.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Charles L. Burns,

CERTIFICATE OF DEATH

MARYLAND

Died at Churchville (Town) Harford (County)

Date of death 1904: Month 3, Day 22

Age: Years 27, Months 11, Days 22

Sex: Male

Color or Race: Negro

Birthplace: Md.

Married, Single or Widowed: Single

Occupation: Laborer

Name of Wife or Husband:

Father's Name: Edward Harris — Father's Birthplace: Md.

Mother's Maiden Name: Sadonia Burns — Mother's Birthplace: Md.

Name of person giving information: Lewis Burns — How related to deceased: uncle.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: Six months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. H. Gorsuch

Address: Churchville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Mary E. Brookhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rutledge — County: Harford

Date of death 1904: Month: March — Day: 3rd

Age: Years: 9 — Months: 9 — Days: 6

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: George Brookhart — Father's Birthplace: Maryland

Mother's Maiden Name: Nancy Corcoran — Mother's Birthplace: Maryland

Name of person giving information: George Brookhart — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Pneumonia — How long: —

Immediate: Heart failure — How long: three days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Smith M.D.

Address: Jarrettsville

Accident or Suicide? —

LIBRARY BUREAU A66516

Name in Full Margaret Buxton

Certificate of Death

Died at Town Harrd Grace County Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 3	15	Age 72	4		Harford Co.	Housewife

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ | ~~Single~~ | Widow | ~~Widower~~ | Divorced | Number of children living 7

~~Husband~~ Wife of George Buxton

Father's Name John Schutz Mother's Maiden Name Margaret Morris

Cause of Death: Primary Malignant Tumor in Abdomen 1 yr How long sick

Immediate Obstruction Accident, Suicide, Homicide

Reported by Dr. R. H. Smith 45

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79695

Name in Full: Edward J. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchville — County: Harford

Date of death 1904: Month: 3 — Day: 10 — Age: Years: 67 — Months: 5 — Days: 3

Sex: Male — Color or Race: Negro — Birthplace: Md —

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Eleanora Brown —

Father's Name: Benjamin Brown — Father's Birthplace: Md —

Mother's Maiden Name: Matilda Cooper — Mother's Birthplace: Md

Name of person giving Imformation: Eleanora Brown — How related to deceased: Wife —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia — How long: 22 mos.

Immediate: Influenza — How long: 3 days —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gorsuch M.D.

Address: Churchville, Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Susan Jane Buckley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharon; County: Harford

Date of death 1904: Month: 3; Day: 16

Age: Years: 5-9; Months; Days

Sex: Female; Color or Race: White; Birthplace: Ireland

Married, Single or Widowed: Widowed; Occupation: Housekeeper

Name of Wife or Husband: Stephen Buckley

Father's Name: Wm Shay; Father's Birthplace: Ireland

Mother's Maiden Name: Elizabeth Gricella; Mother's Birthplace: Ireland

Name of person giving In formation: Elizabeth Ady; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever; How long: One week

Immediate: Hemorrhage; How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Smithson

Address: Forest Hill End

Accident or Suicide?

LIBRARY BUREAU A86319

Name in Full: James A. Bull

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Bel Air — County: Harford

Date of death 1904: Month: March — Day: 5th

Age: Years: 56 — Months: 11 — Days: 17

Sex: male — Color or Race: white — Birthplace: md.

Married, Single or Widowed: Widower — Occupation: Labor

Name of Wife or Husband:

Father's Name: Nicholas H. Bull — Father's Birthplace: md.

Mother's Maiden Name: Sarah Bull — Mother's Birthplace:

Name of person giving information: maggie Ensor — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial nephritis — How long: Several years.

Immediate: Pulmonary Oedema & Coma — How long: about 12 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. F. VanBibber, M.D.

Address: Bel Air, Md.

Accident or Suicide? No—

LIBRARY BUREAU A86516

Name in Full

Certificate of Death

Eliza Cavender

Died at Town: Mill Green County: Harford Co MARYLAND

Date 1914 Month: Mar. Day: 7 | Age Y. 74 M. D. | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Jno Cavender | Mother's Maiden Name Ann Carey

Cause of Death: Primary Brights Disease 2D | How long sick 2 years

Immediate Uremic Convulsion | Acoident, Suicide, Homicide

Reported by C. W. Famous M.D.

Address Jarrett Po. Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Mar. 9: 1904

Broad Creek

Surface

Name in Full: Marshall Roosevelt Christie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Mechanicsville — County: Harford

Date of death 1904 — Month: 3 — Day: 2

Age — Years: 2 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Mechanicsville

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Geo Christie — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Annie Harris — Mother's Birthplace: Mechanicsville

Name of person giving information: Geo Christie — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 18 hrs

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Otis

Address: Perryman

Accident or Sulcide?

LIBRARY BUREAU A66516

Name in Full: Charles Leon Curry.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jarrettsville. County: Harford

Date of death 1907: Month: March. Day: 4. Age: Years: 2. Months: Months. Days: Days.

Sex: Boy. Color or Race: White. Birthplace: Jarrettsville

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Andrew Curry. Father's Birthplace: Harford Co

Mother's Maiden Name: Mary Hresdle. Mother's Birthplace: Germany.

Name of person giving information: E. L. Kirkwood. How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congestion of the Lungs. How long: 6 days

Immediate: Convulsions. How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. L. Smith

Address: Jarrettsville Md.

Accident or Suicide:

PHYSICIAN OR CORONER

LIBRARY BUREAU A8891G

Name in Full: Zachariah DeVore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Air — County: Harford

Date of death 1904: Month: March — Day: 27 — Years: Age 67 Years — Months: 11 Month — Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore Co

Married, Single or Widowed: Married — Occupation: Blacksmith

Neme of Wife or Husband: Ella. C.

Father's Name: John — Father's Birthplace: Baltimore

Mother's Maiden Name: Sophia Gibbs — Mother's Birthplace: Pennsylvania

Name of person giving In formation: Elen Green — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of liver — How long: one a year

Immediete: Exhaustion — How long:

Are the name, ege, sex, color, date and piece correctly given ebove? Yes

Signature of Physicien: William S. Archer

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James W. Flemmings

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Benson — County: Harford

Date of death: Month: Mar — Day: 7 — Years: 60 — Months: 1 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Flemings

Father's Name: Geo. Flemmings — Father's Birthplace: Md

Mother's Maiden Name: Annie Talbott — Mother's Birthplace: Md

Name of person giving Imformation: Sarah Flemings — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 4 Years

Immediate: General tuberculosis — How long: 2 Years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. H. Gosnell

Address: Fork Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full Sarah Anne Garrette

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Bradenbaugh County: Harford Co

Date of death 1904 Month: Mch Day: 17 Age: Years: 78 Months: Days:

Sex: Female Color or Race: White Birthplace: Bradenbaugh

Married, ~~Single~~ or ~~Widowed~~ Occupation:

~~Name of Wife or~~ Husband: Richard Garrette

Father's Name: Thos. Amos Father's Birthplace: Pa

Mother's Maiden Name: Don't Know Mother's Birthplace:

Name of person giving information: Alon Wallenmyer How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: yrs Old Age How long:

Immediate: yrs " " How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Turner M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full — Harris

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Sewell — County: Harford

Date of death 1904 — Month: 3 — Day: 13

Age — Years: — Months: — Days: 1

Sex: Male — Color or Race: Colored — Birthplace: Sewell Md

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Welsh — Father's Birthplace: —

Mother's Maiden Name: Alice Harris — Mother's Birthplace: —

Name of person giving In formation: Annie R Butler — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Still Born — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H R McComas

Address: Undertaker, Aberdeen Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Dorothy Rockey Henderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pleasantville — County: Harford

Date of death 1904 — Month: March — Day: 29 — Age — Years: one — Months: 2 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Luther G. Henderson — Father's Birthplace: Md

Mother's Maiden Name: F. L. Henderson — Mother's Birthplace: Md

Name of person giving Imformation: L. G. Henderson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: whooping Cough — How long: few days

Immediate: " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Jls

Signature of Physician: L. F. H. Loseeke M.D.

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A8S316

Name in Full

Certificate of Death

William Ray Hontzagar

Died at Town: Magnolia County: Harford. MARYLAND

Date 1904 Month: Mar Day: 23 | Age Y. 2 M. D. | Native of Harford | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name William Hontzagr | Mother's Maiden Name Magdalena Sener

Cause of Death — Primary: Pneumonia | How long sick: 6 days.

Immediate | Accident, Suicide, Homicide

Reported by Chas E Roth.

Address Edgewood Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Allie Howard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bel Air — County: Harford

Date of death 1904 — Month: 3 — Day: 26 — Age — Years: 30 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Belair Md

Occupation: Washerwoman — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Grant Howard

Father's Name: Enis Dier — Father's Birthplace: Harford Co

Mother's Maiden Name: Alice Chaney — Mother's Birthplace: Harford Co

Name of person giving Information: Edward Young — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Renal Calculi — How long: 2 months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A A Keeling M.D.

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Mrs. Agnes Kirk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leonardtown County: Harford

Date of death 1904: Month: March Day: 15

Age: Years: [illegible] Months: Days:

Sex: Female Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: John Kirk How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility How long: 3 yrs

Immediate: Paralysis How long: 2 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Warren Remsburg

Address: Delis Pa

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Lambright-

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Benson — County: Harford

Date of death 1904 — Month: Mar — Day: 4 — Age — Years: 78 — Months: — — Days: —

Sex: Male — Color or Race: white — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: widower — Name of Wife or Husband: Name of deceased wife Annie Lambright-

Father's Name: Henry Lambright- — Father's Birthplace: Germany

Mother's Maiden Name: Christina Lambright- — Mother's Birthplace: Germany

Name of person giving Imformation: John Lambright — How related to deceased: Son-

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: asthma — How long: 4 mons-

Immediate: heart- Disease — How long: 2 mons

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? J.C.I.

Signature of Physician: Jas F. H. Gorsuch M.D.

Address: Fork Md-

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Frederika Lay

Died at Town: Havre de Grace County: Harford. MARYLAND

Date 1904 Month: 3 Day: 25 | Age Y.: 84 M: D: | Native of: Germany | Occupation: Home Wife

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living: 5

~~Husband~~ Wife of Christian Lay

Father's Name: Frederick Miller | Mother's Maiden Name: —

Cause of Death: Primary: Grippe 10 days | Immediate: Heart failure | How long sick: Few days | Accident, Suicide, Homicide

Reported by: Dr. R H Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ralph Charles Lee –

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Benson — County: Harford

Date of death 1904: Month: March — Day: 31 — Age: Years: 69 — Months: — — Days: —

Sex: Male – — Color or Race: White — Birthplace: Harford Co., Md.

Married, Single or Widowed: Widowed – — Occupation: Farmer –

Name of Wife or Husband: Rebecca Amoss –

Father's Name: David Lee — Father's Birthplace: Harford Co., Md.

Mother's Maiden Name: Barbara Baltzell — Mother's Birthplace:

Name of person giving information: James O. Watson — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial nephritis — How long: Several years –

Immediate: Broncho-pneumonia — How long: 12 days –

Are the name, age, sex, color, date and place correctly given above? Yes –

Signature of Physician: C. F. VanBibber, M.D.

Address: Bel Air Md.

Accident or Suicide? No –

LIBRARY BUREAU A88316

Name in Full

George C Leedom

Certificate of Death

Town: Havre de grace | County: Harford | MARYLAND

Died at Havre de grace Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
March	10	4	6			

Dete 1904 Age

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of Wife

Father's Name Henry Leedom

Mother's Maiden Name Carrie E Pugh

Ceuse of Death — Primary: Pneumonia 93 — How long sick: about week

Immediate: "

Accident, Suicide, Homicide

Reported by A C Watkins

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full

Certificate of Death

John H. Mahan

Died at Aberdeen Town

Harford County MARYLAND

Date 1924 Month 3 Day 7 Age Y. 75 M. D.

Native of Maryland Occupation Farmer

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Mother's Name 79

How long sick

Cause of Death { Primary

Immediate Heart Trouble

~~Accident, Suicide~~ Homicide

Reported by Henry Jarrett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full: John W. Moore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died * near Town: Wilna — County: Harford Co.

Date of death 1904	Month	Day	Age — Years	Months	Days
	March	16		11	16

Sex: Male — Color or Race: Colored — Birthplace: Belair

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Mathew Moore — Father's Birthplace: —

Mother's Maiden Name: Lena A. Taskey — Mother's Birthplace: —

Name of person giving information: Wm. E. Borton — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heavy Cold — How long: 4 or 5 Days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

~~Signature of Physician~~ Chas. E. Homberger, Undertaker

Address: Benson Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full Lizzie Munk

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1904 Month 3 Day 15 | Age Y 70 M. 4 D. 21 | Native of — | Occupation House work

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living —

~~Husband~~ Wife of J. Munk

Father's Name Aquila Hitchcraft Mother's Maiden Name —

Cause of Death: Primary 154 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Old Age

Address [redacted] Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Wm. T. Pippin Undertaker

LIBRARY BUREAU, 70808

Name in Full: John Norris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford

Date of death 1904: Month: Mch — Day: 8 — Age: Years: 52 — Months: — Days:

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Eliza Foster

Father's Name: Henry Norris — Father's Birthplace: Md

Mother's Maiden Name: Caroline Hicks — Mother's Birthplace: "

Name of person giving Imformation: James Norris — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: 10 days

Immediate: Broncho Pneumonia - Asphyxia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robert S Page

Address: Bel Air.

Accident or Suicide?

LIBRARY BUREAU A88516

West Liberty

Name in Full

John Henry Parker

Certificate of Death

Town: aberdeen

County: Harford

Died at MARYLAND

Date 1914 Month 3 Day 25 | Age Y. 1 M. 6 D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower | Divorced | Number of children living

Husband of

Wife

Father's Name Wm Parker

Mother's Maiden Name Priscilla Pusey

Cause of Death: Primary 179

Immediate

How long sick

1 week

Accident, Suicide, Homicide

Reported by Wm Parker Berry Brierley Hill A. R. Fletcher

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John W Patterson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Black Horse — County: Harford Co

Date of death 1904: Month: Mch — Day: 6 — Age: Years: 60 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Black Horse

Married, ~~Single or Widowed~~ — Occupation

Name of Wife or Husband: Ella Patterson

Father's Name: Nicholas Patterson — Father's Birthplace: dont know

Mother's Maiden Name: Watkins — Mother's Birthplace

Name of person giving information: Dr F J Turner — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive Paralysis — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr F J Turner

Address: White Hall

Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A39516

Name in Full

Ruth Ann Polblick

Certificate of Death

Died at Town: Norrisville County: Harford MARYLAND

Date 1904 Month Day: Mar. 12 | Age Y. M. D.: 44:11, | Nativa of: Md | Occupation: Housekeeper

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife: John W. Polblick

Father's Name: Vincent Hudson | Mother's Maiden Name: Susan A. Yost

Cause of Death — Primary: Tuberculosis Pulmon. | How long sick: 3 years

Immediate | ~~Accident, Suicide, Homicide~~

Reported by: James S. Alchuest M.D.

Address: Norrisville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Annie E Pyle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Maclow — County: Harford

Date of death 190 — Month: March — Day: 1 — Age — Years: 26 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maclow

Married, Single or Widowed: Single — Occupation

Name of Wife or Husband

Father's Name: Wm S Pyle — Father's Birthplace: Chester Co. Pa

Mother's Maiden Name: Mary C Hoops — Mother's Birthplace: Chester Co. Pa

Name of person giving information: Wm S Pyle — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diptheria — How long: 4 days

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Arthur M. D.

Address: Street — Md.

Accident or Suicide?

LIBRARY BUREAU A2M316

Name in Full: Hannah Jane Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Forest Hill — County: Harford

Date of death 1904 — Month: Mar. — Day: 12 — Age — Years: 73 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Forest Hill

Occupation: House Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Geo. K. Robinson — Father's Birthplace: Delaware

Mother's Maiden Name: Sarah Carr — Mother's Birthplace: Baltimore

Name of person giving Imformation: John W Robinson — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemmhage — How long: One week

Immediate: Paralysis — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P Smithson

Address: Forest Hill Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Walter Lee Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Jarrettsville; County: Harford

Date of death: Month: March; Day: 16; 1904

Age: Years: —; Months: 9; Days: 16

Sex: Male

Color or Race: Black

Birthplace: Harford Co

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single

Name of Wife or Husband: —

Father's Name: Don't Know

Father's Birthplace: Don't Know

Mother's Maiden Name: Sadie Robinson

Mother's Birthplace: Maryland

Name of person giving In formation: George Hall

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold

How long: —

Immediate: Congestion of Lungs

How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H. Lee Smith M.D.

Address: Jarrettsville Md.

Accident or Suicide: —

LIBRARY BUREAU A88818

Name in Full: Charles Marcellus Lantzer

Certificate of Death

Town: Sowersville Green County: Harford

Died at: MARYLAND

Date: 1904 Month: 3 Day: 29 | Age: Y. 28 M. D. | Native of: Maryland | Occupation: Weaver

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband of
Wife

Father's Name: J M Lantzer

Mother's Name: Hannah E Lantzer

Cause of Death — Primary: 27

Immediate: Consumption

How long sick: 3 months

Accident, Suicide, Homicide

Reported by: J M Lantzer Bengt. Forest Hill

Address: Sowersville Green A. R. Route

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Jas. J. Smith — Harford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bucktory — County:

Date of death 1904: Month: Mch. — Day: 28 — Years: Age 72 — Months: — Days:

Sex: male — Color or Race: white — Birthplace: Harford Co.

Married, Single or Widowed: — Occupation: Carpenter

Name of Wife or Husband: Mary Smith

Father's Name: Unknown — Father's Birthplace: Abingdon

Mother's Maiden Name: Unknown — Mother's Birthplace: Harford Co.

Name of person giving Information: Emory H. Smith — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart disease — How long:

Immediate: — How long: five minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: H. Lee Hughes

Address: Gibson md.

Accident or Suicide:

LIBRARY BUREAU A88316

Name in Full: Margaret E. Smithson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Hill; County: Harford

Date of death: Month: March; Day: 10; 1904

Age: Years: 22; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Harford Co. Md.

Occupation: Teacher

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm. B. Smithson

Father's Birthplace: Harford Co. Md.

Mother's Maiden Name: Josephine Johnson

Mother's Birthplace: " "

Name of person giving Imformation: Edw. M. Brown

How related to deceased: Uncle (by marriage)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: One year

Immediate: Dropsy — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. P. Smithson

Address: Forest Hill Md.

Accident or Suicide?

LIBRARY BUREAU A0851S

Name in Full

Certificate of Death

David Smothers

Died at Town: Level County: Harford MARYLAND

Date Month: 3 Day: 15 | Age Y.: 80 M.: D.: | Native of: Maryland | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 1

Husband ~~Wife~~ of Eliza Collins

Father's Name: Click Smothers | Mother's Name:

Cause of Death — Primary: 154 | How long sick: four days

Immediate: old age | Accident, Suicide, Homicide

Reported by: F. H. Robertson, M. D.

Address: Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU. 6888R

Name in Full: Sarah Rebecca Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Garland; County: Harford

Date of death 1904: Month: 3; Day: 28

Age: Years: 68; Months: 8; Days:

Sex: Female; Color or Race: White; Birthplace: Garland

Married, Single or Widowed: married; Occupation: Housewife

Name of Wife or Husband: Robt. J. Walker

Father's Name: John W. Spencer; Father's Birthplace: Garland

Mother's Maiden Name: Rebecca Keen; Mother's Birthplace: New York

Name of person giving In formation: C. R. Williamson; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Breast; How long: Several years

Immediate: General infection, Paralysis.; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lee Hopkins

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thomas Run — County: Harford

Date of death 1904: Month: 8 — Day: 27 — Age: Years: 92 — Months: — — Days: 23

Sex: Mald — Color or Race: English — Birthplace: Philadelphia

Married, Single or Widowed: ~~or~~ — Occupation: Mechanic

Name of Wife ~~or Husband~~: Catharine Kistler

Father's Name: James Stewart — Father's Birthplace: Scotland

Mother's Maiden Name: Rulong Sarah E. — Mother's Birthplace: Philadelphia

Name of person giving information: Georgs Livzey — How related to deceased: grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: 10 days

Immediate: Debility — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Hollingsworth M.D.

Address: Bel Air Md.

Accident or Suicide? Natural

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Henry. M. Strawbridge

Died at Town: Norrisville County: Harford MARYLAND

Date 1904. Month: Mar. Day: 26 | Age Y. 72 M. 10 D. 14 | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7.

Husband of Wife: Elizabeth. A. Strawbridge

Father's Name: Joseph. Strawbridge Mother's Maiden Name: Rebecca Manifold

Cause of Death — Primary: Chronic Gastritis. How long sick: 3 yrs

Immediate: 104 ~~Accident, Suicide, Homicide~~

Reported by: James. S. Alchurst. M D.

Address: Norrisville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Harriet Anne Tildon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Jarrettsville | County: Harford

Date of death 1904: Month: 3 | Day: 17 | Age: Years: 57 | Months: | Days:

Sex: Female | Color or Race: Black | Birthplace: Harford Co

Married, Single or Widowed: Married | Occupation: House wife

Name of Wife or Husband: Wm S Tildon

Father's Name: Gabriel Tarrton | Father's Birthplace:

Mother's Maiden Name: Nancy Dallam | Mother's Birthplace:

Name of person giving information: Wm S Tildon | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism | How long: 6 mos.

Immediate: Heart failure | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Otis

Address: Pennington Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Ellen Lutitia Whittle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cooptown; County: Harford

Date of death: Month: March; Day: 8th 10:30 AM; Year: 1904; Age: Years: 76; Months: 11; Days: 14

Sex: Female; Color or Race: White; Birthplace: Baltimore Md

Occupation: Housekeeping; Where Residing if not at place of death: Cooptown

~~Married, Single or Widowed~~; Name of Wife or Husband: Jeremiah A Whittle

Father's Name: Richard Navarre; Father's Birthplace: Maryland

Mother's Maiden Name: Deanna Dilworth; Mother's Birthplace: " "

Name of person giving information: Elizabeth Whittle; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive Paralysis; How long: 3 years

Immediate: Heart failure; How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marion L Jarrett

Address: Jarrettsville

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Mary A. Wright F

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Darlington; County: Harford

Date of death 1904: Month: Feb; Day: 5

Age: Years: 33; Months: ; Days: 4

Sex: Female; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: Wife

Name of Wife or Husband: Arthur J. Dubon

Father's Name: John T Wright; Father's Birthplace: Md

Mother's Maiden Name: Mary M Crow; Mother's Birthplace:

Name of person giving information: Arthur Dubon; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Childbirth; How long: 12 hrs

Immediate: Shock; How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Wirt, M.D.

Address: Darlington, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86316

Name in Full

Certificate of Death

Harriet G Jarvis

Town

County Harford

Died at MARYLAND

Date 1905 Month 3 Day 22 Age Y. 65 M. — D. | Native of Md. | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | Widower | ~~Divorced~~ | Number of children living

Husband of Wife Jacob W Jarvis

Father's Name Nathan Taylor | Mother's Name Emily Taylor

Cause of Death { Primary Senile 179 | Immediate

How long sick 3 weeks

Accident Suicide Homicide

Reported by Henry Jarvis

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Burial at Smith Chapel
3/24/04